

**City Ambulance of Eureka Inc.**  
**135 W Seventh St**  
**Eureka CA 95501**

Patient #: 56173	Guarantor Name/Address	Last Payment:	07/02/2015
OJALA, GEORGE P	OJALA, GEORGE P	Last Patient Payment:	
111 ORCHARD LN	111 ORCHARD LN	Last Service:	03/26/2015
 CARLOTTA, CA 95528-9733 (707)768-3226	 CARLOTTA, CA 95528-9733 (707)768-3226		

**Patient Comments:**

NO PATIENT COMMENTS ON FILE

Call Number	Call Date	Current Schedule	Current Event	Assign	Charges	Credits	Balance
F133915	03/26/2015	COLL	COLL		1163.03	1048.86	114.17
Pick-Up Location: SCENE		Drop Off Location:		RMH/3300 RENNER DR			

**Call Comments**

06/15/2015 11:52:01      MAILED CLAIM WITH RUN REPORT

06/18/2015 12:54:48      PT HAS MCARE PART A AND B SENDING CLAIM; IF PT CALLS WE HAVE BILL VA WITH NO RESPONSE THEY WILL NEED TO CALL VA TO FOLLOW UP ON STATUS;

06/22/2015 09:09:19      PT CALLED TOLD HIS FOR THIS DATE OF SERFVICE WE HAVE FILED TO MEDICARE AND ARE ASKING PT TO CONTACT VA TO HAVE THEM PROCESSES CLAIM. HE SAID HE WOULD CONTACT VA. AND UNDERSTOOD THAT WE FILE TO MEDICARE AND WILL REFUND WHEN VA PAYS.

Patient #: 56173	<b>Patient Balance For Calls On This Report:</b>	114.17
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# Your Claims for Part B (Medical Insurance)

Part B Medical Insurance helps pay for doctors' services, diagnostic tests, ambulance services, and other health care services.

## Definitions of Columns

**Service Approved?:** This column tells you if Medicare covered the service.

**Amount Provider Charged:** This is your provider's fee for this service.

**Medicare-Approved Amount:** This is the amount a provider can be paid for a Medicare service. It may be less than the actual amount the provider charged.

Your provider has agreed to accept this amount as full payment for covered services. Medicare usually pays 80% of the Medicare-approved amount.

**Amount Medicare Paid:** This is the amount Medicare paid your provider. This is usually 80% of the Medicare-approved amount.

**Maximum You May Be Billed:** This is the total amount the provider is allowed to bill you and can include a deductible, coinsurance, and other charges not covered. If you have Medicare Supplement Insurance (Medicap policy) or other insurance, it may pay all or part of this amount.

**March 26, 2015**

**City Ambulance Of Eureka Inc, (707)425-4252**

135 W 7Th St, 135 W 7Th St, Eureka, CA 95501-0229

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ambulance service, advanced life support, emergency transport, level 1 (als1-emergency) (A0427-SH)	Yes	\$995.00	\$458.93	\$359.80	<b>\$91.79</b>	A
Ground mileage, per statute mile (A0425-SH)	Yes	163.93	91.38	71.64	<b>18.28</b>	A
<b>Total for Claim #02-15170-121-290</b>		<b>\$1,158.93</b>	<b>\$550.31</b>	<b>\$431.44</b>	<b>\$110.07</b>	

## Notes for Claims Above

**A** After your deductible and coinsurance were applied, the amount Medicare paid was reduced due to Federal, State and local rules.



# Medicare Summary Notice for Part B (Medical Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services



5-DIGIT 95528

5919 0.5234 AV 0.388



GEORGE POJALA  
111 ORCHARD AVE  
CARLOTTA, CA 95528-9733

19

## THIS IS NOT A BILL

### Notice for George P. Ojala

Medicare Number

Date of This Notice **September 15, 2015**

Claims Processed **June 17 -**  
Between **September 15, 2015**

### Your Claims & Costs This Period

Did Medicare Approve All Services? **YES**

See page 2 for how to double-check this notice.

**Total You May Be Billed \$110.07**

### Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

**Part B Deductible:** You have now met your **\$147.00** deductible for 2015.

### Providers with Claims This Period

March 26, 2015

**City Ambulance Of Eureka Inc**

### Be Informed!

**Medicare Open Enrollment is from October 15 to December 7.** You can compare and change your health and drug plan coverage. If you like your current plan, you don't have to do anything. Call 1-800-MEDICARE (1-800-633-4227) for more information.

¿Sabía que puede recibir este aviso y otro tipo de ayuda de Medicare en español? Llame y hable con un agente en español.

如果需要国语帮助, 请致电联邦医疗保险, 请先说“agent”, 然后说“Mandarin”.

**1-800-MEDICARE (1-800-633-4227)**



Department of Veterans Affairs

4150 CLEMENT ST  
SAN FRANCISCO CA 941

NOVEMBER 07, 2015

# 000075909 I=0000



75909 1 AT 0.413



G P OJALA  
111 ORCHARD AVE  
CARLOTTA CA 95528-9733

SUMMARY OF VA PAYMENT(S)  
\*\*\*THIS IS NOT A BILL\*\*\*  
IMPORTANT INFORMATION

Please note that VA payment for the below authorized non-VA health care services is considered payment in full. The provider may not bill you or your health insurance carrier for any services that were authorized and paid by VA. If you are required to make a VA co-payment for outpatient and inpatient care furnished at a VA facility, then you may also be assessed a VA co-payment for certain authorized non-VA health care.

It is important to keep VA informed of your current health insurance information, as VA may bill your insurance carrier for health care authorized in certain circumstances including care obtained through community health care providers at VA expense. Please contact the VA facility listed above if your current health insurance information has changed or you are aware of any payment made in your behalf by a private health insurance company or health benefit plan, including Medicare or Medicaid, for the same services that are listed in this letter.

Please contact the VA facility listed below as the payer for the service if you have any questions about the information on this notice or you believe that a VA payment was made in error.

During the month of OCTOBER 2015 the below payment(s) were made on your behalf by the identified VA health care facility:

PAYMENT(S) PROCESSED BY VA MEDICAL CENTER SAN FRANCISCO

Tel: (415)750-2019

ITEM	PAYEE NAME	DATE(S) OF SERVICE	AMOUNT
1	REDWOOD MEM HOSP	01/24/2015	\$1,781.00
2	REDWOOD MEM HOSP	01/24/2015	\$1,963.00
3	CHASE DENNIS EMERG MED	01/24/2015	\$120.17
4	SONOMA IMAGING MED CTR	01/24/2015	\$44.54

MORE PAYMENTS ARE LISTED ON THE NEXT PAGE.



0.390 az 04898-003-072987194 0075909 0156819 I=0000000

NOTICE OF VA PAYMENT(S) FOR G P OJALA (CONTINUED)

PAYMENT(S) PROCESSED BY VA MEDICAL CENTER SAN FRANCISCO

Tel: (415)750-2019

ITEM	PAYEE NAME	DATE(S) OF SERVICE	AMOUNT
5	CHASE DENNIS EMERG MED	03/26/2015	\$177.52
6	SONOMA IMAGING MED CTR	03/26/2015	\$44.54
7	CITY AMB OF EUREKA	03/26/2015	\$995.00
8	CITY AMB OF EUREKA	03/26/2015	\$177.75
9	REDWOOD MEM HOSP	03/26/2015	\$1,963.00
10	REDWOOD MEM HOSP	03/26/2015	\$622.36
11	REDWOOD MEM HOSP	03/26/2015	\$500.00
12	REDWOOD MEM HOSP	03/26/2015	\$368.00
13	REDWOOD MEM HOSP	03/26/2015	\$3,522.00
14	REDWOOD MEM HOSP	03/26/2015	\$182.00
15	REDWOOD MEM HOSP	03/26/2015	\$141.80
16	REDWOOD MEM HOSP	03/26/2015	\$240.00
17	REDWOOD MEM HOSP	03/26/2015	\$213.00
18	REDWOOD MEM HOSP	03/26/2015	\$105.00
19	REDWOOD MEM HOSP	03/26/2015	\$81.46
20	REDWOOD MEM HOSP	03/26/2015	\$78.75
21	REDWOOD MEM HOSP	03/26/2015	\$16.00
TOTAL AMOUNT OF PAYMENT(S) PROCESSED DURING THE MONTH			\$13,336.89

Thank you for your military service.

VA MEDICAL CENTER SAN FRANCISCO

**March 26, 2015**

**City Ambulance Of Eureka Inc, (707)425-4252**  
 135 W 7Th St, 135 W 7Th St, Eureka, CA 95501-0229

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Ambulance service, advanced life support, emergency transport, level 1 (als1-emergency) (A0427-SH)	<b>NO-adjusted</b>	\$995.00	\$0.00	\$0.00	<b>\$0.00</b>	<b>B</b>
Ground mileage, per statute mile (A0425-SH)	<b>NO-adjusted</b>	163.93	0.00	0.00	<b>0.00</b>	<b>B</b>
<b>Total for Claim #97-15301-900-553</b>		\$1,158.93	\$0.00	\$0.00	<b>\$0.00</b>	<b>C,D</b>

**Notes for Claims Above**

- B** This claim was adjusted because there was an error in billing.
- C** If you disagree with the Medicare-approved amount, you may ask for a reconsideration within 180 days of receipt of this notice. Call 1-800-MEDICARE if you need information on the reconsideration process.
- D** This adjustment has resulted in an overpayment to your provider/supplier. Your provider/supplier has been requested to repay \$431.44 to Medicare. You do not have to pay this amount.

PO BOX 1903  
OAKHURST, CA 93644

Grant Mercantile Agency

(559)683-4651

02/02/16

Desk : 57



284

OJALA, GEORGE P  
111 ORCHARD AVE  
CARLOTTA CA 95528-9733

REFERENCE:  
CITY AMBULANCE OF EUREKA INC  
F133915

SERVICE FEE :	.00
PRINCIPAL :	114.17
INTEREST :	9.79
TOTAL DUE :	123.96

YOUR ACCOUNT IS ASSIGNED TO GRANT MERCANTILE AGENCY, A COLLECTION AGENCY. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE. INTEREST, IF ADDED ACCRUES AT 10% PER YEAR. THE STATE ROSENTHAL FAIR DEBT COLLECTION PRACTICES ACT AND THE FEDERAL FAIR DEBT COLLECTION PRACTICES ACT REQUIRE THAT, EXCEPT UNDER UNUSUAL CIRCUMSTANCES, COLLECTORS MAY NOT CONTACT YOU BEFORE 8A.M. OR AFTER 9P.M. THEY MAY NOT HARASS YOU BY USING THREATS OF VIOLENCE OR ARREST OR BY USING OBSCENE LANGUAGE. COLLECTORS MAY NOT USE FALSE OR MISLEADING STATEMENTS OR CALL YOU AT WORK IF THEY KNOW OR HAVE REASON TO KNOW THAT YOU MAY NOT RECEIVE PERSONAL CALLS AT WORK. FOR THE MOST PART COLLECTORS MAY NOT TELL ANOTHER PERSON, OTHER THAN YOUR ATTORNEY OR SPOUSE, ABOUT YOUR DEBT. COLLECTORS MAY CONTACT ANOTHER PERSON TO CONFIRM YOUR LOCATION OR ENFORCE A JUDGMENT. FOR MORE INFORMATION ABOUT DEBT COLLECTION ACTIVITIES, YOU MAY CONTACT THE FEDERAL TRADE COMMISSION AT 1-877-FTC-HELP OR [WWW.FTC.GOV](http://WWW.FTC.GOV). NONPROFIT CREDIT COUNSELING SERVICES MAY BE AVAILABLE IN THE AREA. THE ROSENTHAL ACT, CALIFORNIA CIVIL CODE SECTION 1788.21 ALSO REQUIRES THAT YOU NOTIFY YOUR CREDITOR OF YOUR CHANGE IN NAME, ADDRESS OR EMPLOYMENT.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS FROM RECEIVING THIS NOTICE, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

When you choose to make a payment with your bank account via the IVR system and you enter your Reference Number when prompted, you are authorizing GMA to debit your bank account via ACH for payment of the debt owed.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT



PAY TODAY USING OUR  
AUTOMATED PHONE SYSTEM  
1-88-TO PAY GMA (1-888-672-9462)



PAY TODAY ONLINE  
[WWW.PAYGMA.COM](http://WWW.PAYGMA.COM)

01CAE10002021653  
OJALA, GEORGE P  
111 ORCHARD AVE  
CARLOTTA CA 95528-9733

ACCOUNT # F133915	TOTAL BALANCE DUE: 123.96
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New Address: \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_

IF PAYING BY CREDIT CARD, PLEASE FILL OUT SECTION BELOW

MASTERCARD     VISA     DISCOVER  
EXPIRATION DATE     -   
CARD  
  
CVV SECURITY CODE      
AMOUNT:    .  
CARD HOLDER NAME: \_\_\_\_\_  
X  
CARD HOLDER SIGNATURE





0172

GRANT MERCANTILE AGENCY  
49099 8040 426  
P O BOX 658 (MAILING)  
EUREKA CA 95564  
559-683-4661

3/22/16

008100-010016-53

77

SIJALA, GEORGE P  
111 OXFORD LN  
EUREKA CA 95528

DESK : 79

REFERENCE : CITY AMBULANCE OF EUREKA INC  
F113915

PRINCIPAL : 114.17  
INTEREST : 111.89  
TOTAL DUE : 226.06

IN REPLY TO YOUR INQUIRY, WE ARE PROVIDING A  
PRINTOUT OF THE PROVIDER'S BILL SHOWING THE CHARGES  
ON THE AMBULANCE ACCOUNT.

SHOULD YOU HAVE ANY FURTHER CONCERN THAT WOULD  
AFFECT YOUR PAYMENT PLEASE SEND IT TO OUR  
ATTENTION SO WE MAY FURTHER ASSIST YOU.

THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT  
COLLECTOR. ANY INFORMATION OBTAINED WILL BE USED  
FOR THAT PURPOSE.

AS OF THE DATE OF THIS LETTER YOU OWE THE TOTAL DUE  
LISTED. BECAUSE OF INTEREST AND OTHER CHARGES THAT  
MAY VARY FROM DAY TO DAY, THE AMOUNT DUE ON THE DAY  
YOU PAY MAY BE GREATER. WE RESERVE THE RIGHT TO  
REFUSE PARTIAL PAYMENTS ON THIS ACCOUNT WITHOUT  
PRIOR APPROVAL FROM GRANT MERCANTILE AGENCY.

GRANT MERCANTILE AGENCY

*Tua*

# Grant Mercantile Agency

P. O. Box 658, Oakhurst, CA 93644  
49099 Road 426  
(559) 683-4651

## IMPORTANT NOTICE

DUPLA, GEORGE R  
111 BROADWAY  
CARLISLE, CA 95528

Creditor

CITY AMBULANCE OF EUREKA  
C1CAL10002021553  
F133915

Date

04/17/16

Amount

\$126.33

### Please Take Notice

You will please take notice that this has been sent to you by a collection agency in an attempt to collect a debt. Any information we obtain will be used for that purpose. The above named Creditor(s) claim(s) that are indebted to him. Although duly demanded, the sum has not been paid, and you have failed to make good **your obligation**.

Now, Therefore, the above account(s) may be transferred to our Collection Manager for further review and disposition on or about;

Date

05/23/16

unless you have remittance in this office, or make provisions for adjustment thereof before that date. No further notice from this office is required. We reserve the right to refuse partial payments without prior approval.

**You have the FINAL DECISION.**

Check or Money Order Should Be Mailed or Delivered Immediately to:

*Grant Mercantile Agency*

P. O. BOX 658  
OAKHURST, CALIFORNIA 93644

THIS ACCOUNT WILL SHOW IN YOUR CREDITORS' RECORD AS AN UNPAID COLLECTION UNTIL PAID IN FULL.

### DISCLAIMER OF LIABILITY

As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Therefore, GRANT MERCANTILE AGENCY, hereby disclaims any liability for actions cause by and resulting from your failure to meet this obligation. No further notice from this office is required.

*Grant Mercantile Agency*

P. O. BOX 658  
OAKHURST, CALIFORNIA 93644